

**STATE OF NEVADA
GAMING CONTROL BOARD**

MANUFACTURER'S REQUEST FOR REVIEW OF ASSOCIATED EQUIPMENT

1. Name of manufacturer (or licensee if in-house developed): _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____
Contact Person: _____

(Name and Title)
2. Please check one: _____ Initial Review
_____ Modification (Attach description of modification)
3. Type of associated equipment: _____
Name/Model/Version number: _____

Any developer of associated equipment, whether a gaming licensee, a licensed manufacturer/distributor of gaming devices, or a manufacturer/distributor of associated equipment, must complete and submit this form before the review of the system will be considered. This form must be submitted at least **NINETY DAYS** prior to the intended implementation date.

Forms must be submitted to:

State Gaming Control Board
Audit Division
555 East Washington Avenue, Suite 2500
Las Vegas, Nevada 89101

Each type of associated equipment requires a separate form - do **NOT** include more than one type of associated equipment on each form (See the Associated Equipment Reporting and Inspection Guidelines for examples of associated equipment). In addition, a Personal History Record and Request to Release Information Form must be completed and submitted with this form for first-time applicants. Updates to the Personal History Record may be required at later dates. The Gaming Control Board charges for associated equipment reviews pursuant to NRS 463.670(5). Out-of-town travel expenses (lodging, meals, transportation, etc.) will be charged.

The undersigned, in compliance with NGC Regulation 14, understands the requirements outlined above and requests a review of associated equipment. Furthermore the undersigned hereby agrees to indemnify, hold harmless and defend, not excluding the State's right to participate, the State of Nevada, the Nevada Gaming Commission, the State Gaming Control Board, the Nevada Attorney General, and each of their members, agents, and employees in their individual and representative capacities from any and all claims, suits, and actions, brought by anyone associated with this request, or by any third party, against the agencies or persons named in this paragraph, arising out of the submission, investigation and deliberation of this request, and against any and all liabilities, expenses, damages, charges and costs, including court costs and attorneys' fees, which may be sustained by the persons and agencies named in this paragraph as a result of said claims, suits and actions.

Printed Name and Title of Company Official

Signature of Company Official

Date